

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # J59689



1. Entity Name

SUNTREE TECHNOLOGIES, INC.

Principal Place of Business

140 RUBY ST.
ROCKLEDGE FL 32955

Mailing Address

140 RUBY ST.
ROCKLEDGE FL 32955



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2781882**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, SCOTT
2285 W EAU GALLIE BLVD
MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HAPPEL, HENRY
140 RUBY ST.
ROCKLEDGE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
HAPPEL, DOLORES J
140 RUBY ST.
ROCKLEDGE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HAPPEL, THOMAS H
5041 SCOTT ROAD
COCOA FL 32926 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
U000000665864
03/23/07-80047-009 163.75

TITLE
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STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henry Happel* Henry Happel, President

March 2, 2007

321-632-5123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #